

Component <input type="text"/>	Location Code <input type="text"/>	Form Submission Date M M D D Y Y <input type="text"/>	Incident Number <input type="text"/>
Case Number <input type="text"/>			
Last Name <input type="text"/>		First Name <input type="text"/>	M I <input type="text"/>

Client Characteristics

(IDD Only) ABL Code <input type="text"/>	(MH only) DSM-IV Principal Diagnosis <input type="text"/>	Residential Status <input type="text"/>
0 None 1 Mild 2 Moderate 3 Severe 4 Profound	Age <input type="text"/>	Sex 1 Male 2 Female
		1 Campus Residential 2 Contract Residential 3 Community Residential 4 Non-Residential 5 General Revenue 6 HCS 7 ICF

Description of Alleged Abuse/Neglect Incident

Date M M D D Y Y <input type="text"/>	Time H H M M A/P <input type="text"/>	General Area <input type="text"/>	Supervision <input type="text"/>
Specific Area of Component <input type="text"/>		1 On Grounds 2 Off Grounds	1 Supervised 2 Unsupervised
1 Sleeping Area 2 Dayroom 3 Bathing Area 4 Dining Area 5 Canteen	6 Recreation Area 7 Stairs 8 Medical Area 9 Seclusion Area 10 Laundry	11 Outpatient Service Area 12 Program Area Specify: _____	13 Other Specify: _____ 14 Unknown

Seriousness of Physical Injury

Seriousness of Physical Injury <input type="text"/>	Date of Determination M M D D Y Y <input type="text"/>	Physician's Signature (Item 2, 3, or 4) Required unless signed PORS 5/16R is attached
1 No Physical Injury 2 Non-serious Physical Injury (Minor) 3 Serious Physical Injury (Major) 4 Fatal		

Description of Injury/Incident

Area of Body <input type="text"/>	Side of Body <input type="text"/>	Type of Injury <input type="text"/>	Source of Injury <input type="text"/>
01 Head/Scalp 02 Face 03 Ear 04 Eyes 05 Chin 06 Mouth/Lips 07 Tongue 08 Teeth 09 Nose 10 Neck 11 Collarbone 12 Shoulder 13 Upper Arm 14 Elbow 15 Forearm 16 Wrist 17 Hand 18 Finger 19 Thumb 20 Chest	1 Right 2 Left Side 3 Both Sides/Middle 4 Internal 21 Breast 22 Ribs 23 Back 24 Abdomen 25 Buttocks 26 Anus 27 Groin 28 Genitalia 29 Hip 30 Thigh 31 Knee 32 Leg 33 Shin 34 Ankle 35 Foot 36 Heel 37 Instep 38 Toe 39 Other Specify: _____	01 Bite/Sting 02 Cut 03 Scratch 04 Bruise 05 Hematoma 06 Puncture 07 Burn 08 Abrasion 09 Fracture 10 Strain 11 Sprain 12 Dislocation 13 Concussion 14 Knot/Bump 15 Blister 16 Lesion 17 Infection 18 Chafed/Chapped 19 Irritation/Rash 20 Sunburn 21 Redness 22 Cracked/Missing Nail 23 Ingest (Swallow) 24 Pregnancy 25 Sexually Transmitted Disease 26 No Apparent Injury 27 Other Specify: _____ 28 Swelling 29 Skin Tear 30 Contusion 31 Nose bleed 32 Reopened Scab	01 Heat 02 Chemical 03 Human Bits/Scratch 04 Insect 05 Animal 06 Choke 07 Mechanical Restraint 08 Rub/Friction 09 Slip/Trip/Fall 10 Kick PMAB Specify: 11 During Restraint 12 Escort/Transport 13 Takedown 14 Object/Foreign Body 15 Hit/Slap 16 Hair Pull 17 Push/Shove 18 Pinch 19 Head Bang 20 Pressure (Grab/Hold) 21 Bumped Into 22 Twisted (Arm, etc.) 23 Stubbed (Toe) 24 Splinter 25 Razor 26 Picked At 27 Sports/Exercise Related 28 Unknown 29 Sexual Assault 30 Sexual Contact 31 Other Specify: _____

